

# MEDICAL BOARD OF CALIFORNIA

## LICENSING DETAILS FOR: C 31321

**NAME:** WEBER, WAYNE RAYMOND

**LICENSE TYPE:** PHYSICIAN AND SURGEON C

**PRIMARY STATUS:** LICENSE RENEWED & CURRENT

**SCHOOL NAME:** UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE

**GRADUATION YEAR:** 1968

**ADDRESS OF RECORD**

1835 NEWPORT BLVD # A109  
COSTA MESA CA 92627-5007  
ORANGE COUNTY

**ISSUANCE DATE**

JULY 18, 1969

**EXPIRATION DATE**

FEBRUARY 28, 2021

**CURRENT DATE / TIME**

APRIL 24, 2020  
12:45:13 PM

## PUBLIC RECORD ACTIONS

- › ADMINISTRATIVE DISCIPLINARY ACTIONS (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › COURT ORDER (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › MISDEMEANOR CONVICTION (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › PROBATIONARY LICENSE (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › FELONY CONVICTION (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › MALPRACTICE JUDGMENT (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › HOSPITAL DISCIPLINARY ACTION (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › LICENSE ISSUED WITH PUBLIC LETTER OF REPRIMAND (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › ADMINISTRATIVE CITATION ISSUED (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › ADMINISTRATIVE ACTION TAKEN BY OTHER STATE OR FEDERAL GOVERNMENT (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › ARBITRATION AWARD (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › MALPRACTICE SETTLEMENTS (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

## PUBLIC DOCUMENTS

- › DOCUMENTS (NO RECORDS)

## SURVEY INFORMATION

THE FOLLOWING INFORMATION IS SELF-REPORTED BY THE LICENSEE AND HAS NOT BEEN VERIFIED BY THE BOARD.

<b>ARE YOU RETIRED?</b>	NO
<b>ACTIVITIES IN MEDICINE</b>	PATIENT CARE - 40+ HOURS
<b>PATIENT CARE PRACTICE LOCATION</b>	ZIP - 92505 COUNTY - LOS ANGELES
<b>PATIENT CARE SECONDARY PRACTICE LOCATION</b>	NOT IDENTIFIED

<b>TELEMEDICINE PRACTICE LOCATION</b>	NOT IDENTIFIED
<b>TELEMEDICINE SECONDARY PRACTICE LOCATION</b>	NOT IDENTIFIED
<b>CURRENT TRAINING STATUS</b>	NOT IDENTIFIED
<b>AREAS OF PRACTICE</b>	OBSTETRICS AND GYNECOLOGY - PRIMARY
<b>BOARD CERTIFICATIONS</b>	AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY - OBSTETRICS AND GYNECOLOGY
<b>POSTGRADUATE TRAINING YEARS</b>	9+ YEARS
<b>CULTURAL BACKGROUND</b>	DECLINED TO DISCLOSE
<b>FOREIGN LANGUAGE PROFICIENCY</b>	DECLINED TO DISCLOSE
<b>GENDER</b>	DECLINED TO DISCLOSE